



# Adoption Application

## *Terms of the Adoption Application*

Thank you for expressing interest in adopting a bird from Papayago Rescue House, Inc. The review process can take several days to a week depending on the amount of applications in the queue. Please be sure that it is completed. Our adoption procedures are designed to be in the bird's best interest first and foremost, but we want you both to be happy.

When adopting a bird from Papayago Rescue House, Inc., please understand that you are accepting the responsibility and honor for building and maintaining a trusted relationship with a companion bird that is in need of a nurturing, lovingly committed and safe environment that may or may not have received such treatment prior. This is a lifetime commitment for you and your family. Since parrots have life spans that equal our own, we hope for you and your prospective bird to be together for many years to come.

All adoption requests must be made by an adult that is 21 years of age or older. No "gifting" of a rescue will be considered.

When you visit PRH, please observe all rules for your safety as well as the birds. Please do not visit a pet store, another rescue, or zoo 24 hours prior to coming to PRH.

The following application has been designed to aid both you and us in determining whether you and your family can provide a suitable environment for parrots in accordance with our policies. Please answer all questions and explain any answers or add comments. If a question does not apply, write "N/A".

When you adopt a bird from Papayago Rescue House, Inc., you will be required to contact us within 48 hours of settling in with your new family member. We ask that you request access to our FB PRH Completed Adoptions to post updates on your adopted parrot. We will make two visits to your home to ensure that all is well with the adoption for you and your bird. The second visit will be to finalize the adoption.

By signing this Confidential Bird Adoption Application you swear the information given is true and accurate.

**Please be aware that if you decide that you are no longer able to provide for your adopted bird, the bird MUST be returned to Papayago Rescue House, Inc.**

## Contact Information

You are 21 or over

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Do you live in an: Apartment \_\_\_\_\_ House \_\_\_\_\_ Condominium \_\_\_\_\_ Other \_\_\_\_\_

Do you own or rent your current residence? \_\_\_\_\_ How long at current residence? \_\_\_\_\_

If you rent, are pets allowed? \_\_\_\_\_

Landlord name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Home/Social Information

How many people living in your household? Adults? \_\_\_\_\_ Children? \_\_\_\_\_ Babies? \_\_\_\_\_

Please list ages of all members living in your home: Adults? \_\_\_\_\_ Children? \_\_\_\_\_ Babies? \_\_\_\_\_

Are there any cigarettes/vapers/eCig/pipe smokers living in the home? \_\_\_\_\_

Is each member of your household aware that you are filling out this application? \_\_\_\_\_

Do you have any other pets? Please list type and how many of each:


### *Your Pet's vet*

Clinic Name: \_\_\_\_\_ Vet's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Employer Information

Current Employer \_\_\_\_\_ Phone \_\_\_\_\_

How long with employer? \_\_\_\_\_ How many hours a week do you work? \_\_\_\_\_ Shift \_\_\_\_\_ Travel? \_\_\_\_\_

Significant Other Current Employer \_\_\_\_\_ Phone \_\_\_\_\_

How long with employer? \_\_\_\_\_ How many hours a week do you work? \_\_\_\_\_ Shift \_\_\_\_\_ Travel? \_\_\_\_\_

Do you sleep during the day or night? \_\_\_\_\_ What is your activity level? \_\_\_\_\_

## Avian Experience

Do you currently own a parrot? \_\_\_\_\_ Species: \_\_\_\_\_ How long? \_\_\_\_\_

Have you previously owned a parrot? \_\_\_\_\_ Please explain why you no longer own this bird: \_\_\_\_\_

Please explain any experience you have had with companion parrots (use an additional sheet of paper if necessary): \_\_\_\_\_

Do you currently have an avian veterinarian? \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Vet's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If you do not currently have an avian vet would you like us to recommend a qualified avian vet in your area?

What will you do with your bird if you have to go away on an emergency or family vacation? \_\_\_\_\_

What species are you thinking of adding to your family? \_\_\_\_\_

Why this species? \_\_\_\_\_

How did you hear about PRH? \_\_\_\_\_

You agree that PRH can verify employment and housing prior to releasing any bird. You also agree to allow a representative of PRH, with picture ID, into your home to check on your bird and to take pictures for our records. You understand that if, at any time, your bird is found to be given improper care, that your bird will be removed from the home immediately. You further agree that you are not a breeder, and the bird will not be used for the purpose of breeding, or will not be returned to any former owner of your bird.

Adopter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adopter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_